

Health Safety Net (HSN) COVID-19 Outbreak Response

Massachusetts Health Care Training Forum
April 2020



Important!

- Please monitor your in-box as well as the [HSN website](#) regularly for updates regarding the HSN's COVID-19 response.
- Please note that the HSN is the payer of last resort for Acute Care Hospitals and CHCs and providers should continue their diligent efforts to collect payment from other sources before submitting a claim to the HSN.
- Providers are encouraged to review the Populations Exempt from Collection Actions section of 101 CMR 613.08(3) and contact the HSN with any questions they might have.



HSN COVID-19 Response – Agenda

- Interim Payments
- Eligibility
 - Presumptive Determination
 - Eligibility Period
- Billing Updates and Reminders
 - Diagnostic Laboratory Services
 - Covered Services Delivered via Telehealth
 - Home Visits Billing for Services Related to COVID-19
 - COVID-19 Quarantine in a Hospital
 - 90-Day Supplies and Early Refills of Prescribed Drugs
 - Prior Authorization
 - Filling Prescriptions at Different Providers
 - Emergency Overrides
 - ProAir Inhalers
 - Cost Sharing



Interim Payment Policies

- In quarterly periods, beginning in April 2020, the HSN will determine providers' monthly interim payments by calculating a provider's monthly average demand over two sample date ranges and utilizing the higher of the two averages.
 - Demand is the amount of a provider's Reimbursable Health Services (RHS), including pharmacy and dental services, as reimbursed in accordance with 101 CMR 614.06 or 614.07, without application of the shortfall under 101 CMR 614.03(2)(b)



Interim Payment Acute Hospitals

- The interim total allowable RHS will incorporate the payments providers received on 837I, 837P, 837D (if applicable to that facility), POPS (pharmacy claims), DentaQuest (Dental claims), emergency room bad debt recoveries, and free care endowment income
- HSN will utilize the higher monthly average of the RHS between two data date ranges:
 - The 12 months of HSN Fiscal Year (FY) 2019 (October 2018-September 2019)
 - All claims processed for providers in HSN Fiscal Year (FY) 2020 (October 2019-September 2020)



Interim Payment Community Health Centers

- The interim total allowable RHS will incorporate the payments providers received on 837P, POPS (pharmacy claims), and DentaQuest (Dental claims).
- HSN will utilize the higher monthly average of the RHS between two data date ranges:
 - The 12 months of HSN Fiscal Year (FY) 2019 (October 2018-September 2019)
 - All claims processed for providers in HSN Fiscal Year (FY) 2020 (October 2019-September 2020). These date ranges will be reviewed and analyzed quarterly.



Interim Payment Recovery

- Interim payment recovery will begin at the end of an interim payment period as determined by the HSN.
- The HSN will review the need for interim payments on a quarterly basis. The first review will be after June's payment cycle.
- During interim payment recovery, a provider's monthly payment will be reduced by a calculated recovery amount to reflect the payments made during interim payment periods.



Interim Payment Recovery Acute Hospitals

- For each recovery month the interim payment recovery amount is determined by comparing a provider's monthly demand, based on claims submitted to MassHealth, POPS (for pharmacy claims), or DentaQuest (for dental claims), and the monthly interim payment balance
 - If monthly demand is less than 2 times the one-month interim payment amount, then the recovery will be equal to half of monthly demand), up to the amount of the remaining interim payment balance
 - If monthly demand is greater than or equal to 2 times the one-month interim payment amount, then the recovery will be equal to monthly demand minus the one-month interim payment amount, up to the amount of the remaining interim payment balance.
- The HSN will continue with the recovery formula until the entire interim payment balance has been recovered.



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Presumptive Determination

- During the COVID-19 outbreak, the HSN will accept presumptive determination of low-income patient status for a patient, even if the patient had previously received such a presumptive determination in the last 12 months
- Please see the following link for more information:
<https://www.mass.gov/service-details/health-safety-net-presumptive-determinations-hsn-pd-information>



Eligibility Period

- The HSN will not place limits on the number of days it will pay for services rendered to patients who are eligible but not enrolled in health insurance through the Health Connector
- Providers will be able to bill the HSN for services delivered to patients under these enhanced eligibility standards beginning April 1, 2020, for dates of service beginning March 12, 2020



Billing for COVID-19 Diagnostic Laboratory Services

- Testing of persons under investigation (PUI) for COVID-19 is available through participating laboratories when a patient meets clinical and epidemiologic criteria
- Health Safety Net does not reimburse providers a specimen acquisition fee (including testing supplies) or a specimen transportation fee for lab services to be rendered by MA SPHL
- Providers may bill the HSN for medically necessary, clinically appropriate COVID-19 lab tests using CPT code 87635
- Providers will be able to bill the Health Safety Net for this code beginning April 1, 2020, for dates of service on or after March 12, 2020.
- The Health Safety Net will adopt the MassHealth rate for this code.



Billing for Covered Services Delivered via Telehealth

- The Health Safety Net will permit qualified providers to deliver clinically appropriate, medically necessary Health Safety Net-covered services to Health Safety Net eligible patients via telehealth (including telephone and live video)
- Rates of payment for services delivered via telehealth by physicians will be the same as rates of payment for services delivered via traditional (e.g., in-person) methods set forth in the applicable regulations.
- Providers will be able to bill the Health Safety Net for these telephonic codes beginning April 1, 2020, for dates of service beginning March 12, 2020.



Billing for Covered Services Delivered via Telehealth

- Providers must include **Place of Service Code 02** when submitting a claim for services delivered via telehealth
- The HSN will pay providers for medically necessary telephone evaluations through the following CPT codes
 - Delivered by physicians: 99441, 99442, 99443
 - For hospitals, these codes will be paid as outpatient services in accordance with 1010 CMR 614.06(3): Pricing for Outpatient Services
 - For Community Health Centers, these codes will be paid at a Prospective Payment System (PSS) rate in accordance with 101 CMR 614.00.
 - Delivered by qualified non-physicians: 98966, 98967, 98968
 - For hospitals, these codes will be paid as outpatient services in accordance with 1010 CMR 614.06(3): Pricing for Outpatient Services
 - For Community Health Centers, these codes will be paid in accordance with 101 CMR 317.00



Home Visits Billing for Services Related to COVID-19

- Hospitals and community health centers that are HSN providers may submit claims to the HSN for clinically appropriate, medically necessary home visits using the following codes: 99500, 99501, 99502, 99503, 99504, 99505, 99506, 99507, 99509, 99511, 99512, and 99600.
 - For hospitals, these codes will be paid as outpatient services in accordance with 1010 CMR 614.06(3): Pricing for Outpatient Services
 - For Community Health Centers, these codes will be paid at a Prospective Payment System (PSS) rate in accordance with 101 CMR 614.00.
- Providers will be able to bill the Health Safety Net for these codes beginning April 1, 2020, for dates of service beginning March 12, 2020



Billing for COVID-19 Quarantine in a Hospital

- Instances in which hospitals will need to quarantine HSN eligible individuals infected with COVID-19 for public health reasons or otherwise cannot safely discharge a member due to COVID-19 exposure or risk, even through these individuals may no longer require an inpatient level of care may bill HSN for eligible individuals by either:
 - Keeping the member as an inpatient, switching the member to administrative day status, and billing accordingly
 - Discharging the member from inpatient care, commencing observation services, and billing accordingly
- Inpatient hospitals rendering COVID-19-related services to Health Safety Net eligible individuals will be paid in accordance with the Medicare Inpatient Prospective Payment System for non-psychiatric claims and the Inpatient Psychiatric Facility Prospective Payment System for psychiatric claims for the current fiscal year.



90-day Supplies and Early Refills of Prescribed Drugs

- The HSN is allowing additional exceptions to the 30-day supply limitation effective for dates of service beginning March 14, 2020
- HSN Providers may dispense up to a 90-day supply of a prescription drug if requested by a HSN eligible individual or individual's prescriber as long as sufficient quantity remains on the prescription to support the quantity being filled
 - This policy does not include drugs that require Prescription Monitoring Program reporting, antibiotics, IV medications and certain other drugs designated by MassHealth



90-day Supplies and Early Refills of Prescribed Drugs

- If a provider believes that dispensing up to a 90-day supply of any drug not generally subject to this policy would be in the best interest of a Health Safety Net eligible patient, it may call the MassHealth Drug Utilization Review (DUR) program at (800) 745-7318 to request an override.
- Effective for dates of service beginning March 14, 2020, the Health Safety Net will also allow early refills of existing prescriptions for drugs as long as at least one refill remains on the prescription. If a provider receives a denial for an early refill, the provider should place a “**13**” in the Submission Clarification field (NCPDP field 420-DK) to override the denial.



Prior Authorization

- Effective for dates of service beginning March 20, 2020, the Health Safety Net is temporarily removing prior authorization (PA) requirements for the following drugs and drug classes
 - Aminoglycoside Agents—Inhaled
 - Antibiotics—Oral and Injectable
 - Antifungals—Oral and Injectable
 - Respiratory Agents—Oral and Inhaled
 - Sublocade
- Accordingly, and notwithstanding any contrary requirements in the MassHealth Drug List, prescribers do not have to obtain PA for those drugs; and providers should fill and dispense these prescriptions without any PA requirement



Filling Prescriptions at Different HSN Pharmacies

- Effective for dates of service beginning March 26, 2020, and notwithstanding 101 CMR 613.03(2)(c): 340B Pharmacies, the Health Safety Net will allow pharmacies operated by Health Safety Net providers to fill prescriptions for patients of a different Health Safety Net provider
- The Health Safety Net will pay for such services without requiring that such patients become patients of the Health Safety Net provider providing the pharmacy service
- Please note that this only applies to Health Safety Net pharmacy locations; found at:
<https://www.mass.gov/doc/health-safety-net-registered-pharmacies-0/download>



Emergency Overrides

- Consistent with 130 CMR 406.411(B) and to ensure Health Safety Net patients do not experience gaps in therapy, providers may utilize an emergency override if a claim for a medication is rejected due to lack of PA
 - The Health Safety Net will pay the pharmacy for at least a 72-hour, nonrefillable supply of the drug dispensed under these circumstances
 - To obtain an emergency override, pharmacists should contact the MassHealth DUR program at (800) 745-7318 during normal business hours. If outside business hours, providers may submit an emergency override claim with a **value of “03”** for Level of Service (field 418)
 - After the prescription is adjudicated, the provider should remove the “03” from the level of service field before the next fill



ProAir Inhalers

- Effective for dates of service beginning March 20, 2020, the Health Safety Net is temporarily removing the requirement to use brand name ProAir when dispensing an albuterol inhaler. Claims for both branded ProAir inhalers and generic equivalents will be accepted.
 - When dispensing either drug, the pharmacy should enter a **DAW code of “0”**



Cost Sharing

- Effective for dates of service beginning March 12, 2020, and notwithstanding the requirement at 101 CMR 613.04(8), the Health Safety Net will not require Partial Low- Income Patients with MassHealth MAGI Household income or Medical Hardship Family Countable Income greater than 150% and less than or equal to 300% of the FPL to make payments towards their annual deductible.



Cost Sharing

- As the HSN is not requiring HSN Partial patients to currently meet their deductible, please report the following
 - For 837I Partial Hospital claims, providers should report remaining HSN Deductible Amount that has yet to be paid by a patient using **Value Code D3**. Currently, Value Code D3 should be reported as 0.
 - When HSN Partial is Prime, the HSN is not expecting providers to collect any patient dollars during this time towards their Deductible
 - HSN 837P Partial Hospital and CHC Claims: For 837P claims, providers should report remaining HSN Deductible Amount only as **MAHSN100**.
 - Patient Paid Amounts should be reported using the Amount segment with **Qualifier F5**



QUESTIONS?

